

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION			
O.P.E. CLASSIFIER			
FORMALITY REVIEW			

INDEX OF CLAIMS

+ - - - - - Rejected
 + - - - - - Allowed
 + (Through numeral) - - - - - Cancelled
 + - - - - - Restricted
 N - - - - - Non-elected
 I - - - - - Interference
 A - - - - - Appeal
 O - - - - - Objected

Claim	Date	Claim	Date	Claim	Date
1		101		101	
2		102		102	
3		103		103	
4		104		104	
5		105		105	
6		106		106	
7		107		107	
8		108		108	
9		109		109	
10		110		110	
11		111		111	
12		112		112	
13		113		113	
14		114		114	
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18		118		118	
19		119		119	
20		120		120	
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23		123		123	
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27		127		127	
28		128		128	
29		129		129	
30		130		130	
31		131		131	
32		132		132	
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35		135		135	
36		136		136	
37		137		137	
38		138		138	
39		139		139	
40		140		140	
41		141		141	
42		142		142	
43		143		143	
44		144		144	
45		145		145	
46		146		146	
47		147		147	
48		148		148	
49		149		149	
50		150		150	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(1 FEET INSIDE)